Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O times is
Check if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on
Full Name of Payee Julia Perry	Date of Public Distribution/Dissemination
·	12 02 2014
Mailing Address 2046 Perrin St Apt C	Amount
City State Zip Code	100.00
Shreveport LA 71101	Transaction ID: aead3518-8f23-48a8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	12 02 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Julia Perry	Date of Public Distribution/Dissemination
, , , , , , , , , , , , , , , , , , ,	12 02 2014
Mailing Address 2046 Perrin St Apt C	Amount
City State Zip Code	6.00
Shreveport LA 71101	Transaction ID : e3edc727-8e0e-4138-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	12 02 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	106.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	2 04 2014
Signature	

NAME OF COMMITTEE (In Full)	
	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Felicia A Jones	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St Amo	punt
City State Zip Code	80.00
Shreveport LA 71109 Tran	nsaction ID: 12173803-708b-4ccf-a e of Disbursement or Obligation
Purpose of Expenditure	12 02 7 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement 505646.06  Disbursement 505646.06	
	Other (specify)
Felicia A Jones	e of Public Distribution/Dissemination
Mailing Address 4106 Martha St Amo	12 02 2014 ount
City State Zip Code	9.30
	saction ID: 7745991a-c539-4d3f-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	12 / 02 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Mary L Landrieu Presi	ident State: LA State:
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	89.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	04 2014
Signature	

PAGE 2

OF

Schedule E)	TI EXI END	TOTILO		PAGE 3 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Jerome M Weil			Date of P	ublic Distribution/Dissemination
Mailing Address 101 Durham Drive			12	02 / 2014
			Amount	
City	State	Zip Code		20.00
Lafayette	LA	70508		on ID: 8f394849-76ca-48c7-b visbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		05646.06	Disbursement For 2014 Other	or: Primary X General  · (specify) ▶
Full Name of Payee	_		Date of F	Public Distribution/Dissemination
Jerome M Weil			12	
Mailing Address 101 Durham Drive			Amount	
City	State	Zip Code		4.50
Lafayette	LA	70508		on ID: 39e441be-1427-491a-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expenditu	es			24.50
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>•</b>	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	40	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2.9				

Schedule E)	INI EXI END	ITOTILO		PAGE 4 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Scott Smith			12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 405 Pennsylvania St			Amount	
City	State	Zip Code		10.00
New Roads	LA	70760		on ID: 0692ff22-e14b-4453-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	ţ	505646.06	Disbursement Fo	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Scott Smith			12	
Mailing Address 405 Pennsylvania St			Amount	
City	State	Zip Code		18.00
New Roads	LA	70760		on ID: 60ad7674-7e04-4d9e-a pisbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement Fo	or: Primary X General  · (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			28.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. •	4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>				

Schedule E)	II EXI END	TOTILO		PAGE 5 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Jeanne Tribou			12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		40.00
Mandeville	LA	70471		on ID: d78cfb8f-c88b-4048-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	05646.06	Disbursement For 2014 Other	:
Full Name of Payee			Date of Pu	iblic Distribution/Dissemination
Jeanne Tribou			12	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		5.10
Mandeville	LA	70471		n ID : bfadabca-830a-4e0a-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12 n	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	es			45.10
				7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	
<del>-</del>				

Schedule E)		1101120		PAGE 6 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Corey S McKnight			Date of F	
Mailing Address 1510 Bailey St			Amount	
City	State	Zip Code		40.00
West Monroe	LA	71292		tion ID : a64b195d-1e74-4c55-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Ę	505646.06	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Heather A Smith			M 12	
Mailing Address 995 Clairborne Rd				02 2011
			Amount	
City	State	Zip Code		40.00
Calhoun	LA	71225	Transacti Date of	on ID : fc51734b-c60b-4a15-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement F 2014 Othe	or: Primary X General or (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	80.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	II EXI END	TOTILO		PAGE 7 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Heather A Smith			M N 12	02 / 2014
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		15.00
Calhoun	LA	71225		on ID: e7434428-948e-4994-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	05646.06	Disbursement Fo	or: Primary X General (specify) ▶
Full Name of Payee	_		Date of P	Public Distribution/Dissemination
Amanda Boley			12	
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code	— r	91.50
charlotte	NC	28227		on ID: ed809f1a-a5e8-4a3b-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement Fo	or: Primary X General  r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			106.50
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-				

Schedule E)	INT EXI END	HONES		PAGE 8 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Amanda Boley			M 12	02 / 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		27.57
charlotte	NC	28227		D: 486857b0-8e62-45e9-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jenny N Brown			12	02 / 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		50.00
West Monroe	LA	71292		D: 3d64155e-686f-4eb1-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	505646.06	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			77.57
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 / 04	2014
•				

Schedule E)	PAGE 9 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Jenny N Brown	12 / 02 / 2014
Mailing Address 1270 Lovelady Rd	Amount
City State	Zip Code 12.00
West Monroe LA	71292 Transaction ID : bbfe75f6-6be6-4a34-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 12 02 / Y Y Y Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Beau Autin	12 02 2014
Mailing Address 345 Auroura Ave	Amount
City State	Zip Code 50.00
Metairie LA	70006 Transaction ID: 06437dba-4c05-46da-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 12 02 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	ures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Electrical Signature]	etronically Filed] Date 12 04 2014

Schedule E)	101120	PAGE 10 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 00000700
Check if 24-hour report 48-hour report New repo	ort Amends report filed	d on M M M / D D / Y Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Beau Autin  Mailing Address 345 Auroura Ave		12 02 7 2014
Walling Address 345 Auroura Ave		Amount
City State 2	Zip Code	2.07
	70006	Transaction ID : 2372d912-9b4e-4f40-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 50	Disb 2014	oursement For: Primary X General  Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Gary W Fuhrmann		12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive		
		Amount
	Zip Code	45.00
Shreveport LA	71106	Transaction ID: 8817a328-313e-44f2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	12 / 02 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06 Disb 2014	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	47.07
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	•	11717
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	cally Filed] Date	12 04 2014
Signature		

Schedule E)	INT EXI END	ITOTILO		PAGE 11 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Gary W Fuhrmann				ic Distribution/Dissemination
Mailing Address 9425 Jessica Drive			12 12	02 / 2014
0-120 0033100 DTIVE			Amount	
City	State	Zip Code		7.50
Shreveport	LA	71106		ID: ab3e8b2b-3119-4225-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	505646.06	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Krista J Smith			12	/ D D / Y Y Y Y Y Y O2 2014
Mailing Address 41176 Bertville Rd			Amount	
City	State	Zip Code		30.00
Gonzales	LA	70737		D: b2cf8ba4-66fd-411b-a oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			37.50
,			7	
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· <b>&gt;</b>	4
(c) TOTAL Independent Expenditures			•	79.   79.
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
2.g				

Schedule E)	AI E	101120		PAGE 12 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends re	eport filed	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee Krista J Smith				Date of Public Distribution/Dissemination
				12 02 7 2014
Mailing Address 41176 Bertville Rd				Amount
City Stat	te	Zip Code		6.66
Gonzales LA	٠	70737		Transaction ID: 9eebd133-9332-4e5d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	12 02 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5(	05646.06	Disbu 2014	rsement For:  Primary
Full Name of Payee Tammay Williams				Date of Public Distribution/Dissemination
				12
Mailing Address 924 N. Prieur St				Amount
City	te	Zip Code		80.00
New Orleans LA	Α	70116		<b>Transaction ID : 3f42db73-7519-4517-a</b> Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	)1	12 / 02 / Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	rrsement For: Primary X General  Other (specify) ▶
(-) CURTOTAL of literal and Indonesia of Even editures				90.00
(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	86.66
(b) SUBTOTAL of Unitemized Independent Expenditures			····· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	1 1 2 1 1 2 1 1 2
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
Ms. Emily Buchanan	[Electroni	cally Filed]	ate 1	2 04 2014
Signature				

Schedule E)	INT EXI END	TOTILO	<u> </u>	PAGE 13 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Tammay Williams			M = M /	Distribution/Dissemination
Mailing Address 924 N. Prieur St			12 Amount	02 2014
City	Ctata	Zin Codo		10.50
City New Orleans	State LA	Zip Code 70116		16.50 : 4609bd88-1f82-447a-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12 Jacobs	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Antoinette Franklin			Date of Public	Distribution/Dissemination
Mailing Address 8822 Apple St			12	02 2014
			Amount	
City	State	Zip Code		80.00
New Orleans  Purpose of Expenditure	LA	70188		: 3ed0732b-3913-495a-9 sement or Obligation
Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	505646.06	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			96.50
/b) CURTOTAL of Unitersized Independent Fund	n ditura o		1 1 1	7
(b) SUBTOTAL of Unitemized Independent Expe	natures		•	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
-				

	Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Antoinette Franklin  C C00530766  Date of Public Distribution/Disser	Y - Y - Y
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee Antoinette Franklin  Date of Public Distribution/Disser	Y - Y - Y
Antoinette Franklin	Y - Y - Y
M = M / D = D / Y =	
Mailing Address 8822 Apple St  Amount	
City State Zip Code	16.50
New Orleans  LA 70188  Transaction ID: 580a33af-92c0- Date of Disbursement or Obligation	-462a-9
Purpose of Expenditure	2014 Y
Name of Federal Candidate Support Office Sought: House Distric	t:00
Ms. Mary L Landrieu	e: LA
Per Election for Office Sought 505646.06 2014	General
Uther (specify) ►	
Full Name of Payee Windy Hageman  Date of Public Distribution/Disser	mination
Mailing Address 5521 Randolph St.  Amount	2014
City State Zip Code	50.00
Marrero LA 70072 Transaction ID : 44b6710f-a900-4 Date of Disbursement or Obligat	<b>\$b12-9</b>
Purpose of Expenditure Category/ Co.	2014 2014
Name of Federal Candidate Support Office Sought: House District	et: <u>00</u>
Ms. Mary L Landrieu	e: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	66.50
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	-0-1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, o with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12 04 2014	1
Signature	_

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OF

Schedule E)	11 = 11 = 11 = 11	1101120		PAGE 15 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	/ 0 0 / 7 7 7 7 7
Full Name of Payee Windy Hageman				Public Distribution/Dissemination
Mailing Address 5521 Randolph St.				2 02 2014
3 3 3 3 3 3 3 3 3 3 3 1 Kanadipir ot.			Amoun	
City	State	Zip Code		6.90
Marrero	LA	70072		ction ID: 8fd994fb-763a-4abd-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	12 02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	505646.06	Disbursement 2014 Oth	For: Primary
Full Name of Payee				Public Distribution/Dissemination
Cathy Longtin				M / D D / Y Y Y Y
Mailing Address 827 Navayre Ave				12 02 2014
Mailing Address 827 Navavre Ave			Amoun	t
City	State	Zip Code		45.00
New Orleans	LA	70124	Transac Date of	tion ID : fbea7692-d3d1-4336-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		2 02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	51.90
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
				4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 12	04 2014
Signature		_ · · · · · · · · · · · ·	ا لتا ا	

Schedule E)	INT EXILID	ITOTILO		PAGE 16 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee	<u></u>		Date of Public	c Distribution/Dissemination
Cathy Longtin			12	02 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		9.00
New Orleans	LA	70124		ID: 03ceb5a0-abd6-4cca-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Donna S Wilson			12	02 2014
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		30.00
Baton Rouge	LA	70816		D: f565a141-4801-4acb-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12 M	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	505646.06	Disbursement For: 2014 Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			39.00
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
· ·				

Schedule E)		1101120		PAGE 17 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l e	C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	M / D D / Y = Y = Y
	\(\int\)			_
Full Name of Payee Donna S Wilson			М	Public Distribution/Dissemination  M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		9.00
Baton Rouge	LA	70816		ction ID: 64f85007-411c-44ab-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	2 02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, ,	505646.06	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Joneisha Stewart				2 02 2014
Mailing Address 2329 Runnymede Dr				لىنىا لنا ك
			Amount	t 
City	State	Zip Code		40.00
Marrero	LA	70072	Transact Date of	tion ID : 58df5ccd-58e9-479a-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		2 / 02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
<u></u>				
(a) SUBTOTAL of Itemized Independent Expend	litures		· •	49.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		04 2014
Signature		_		

Schedule E)	II EXI END	TOTIES		PAGE 18 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Joneisha Stewart			M 12 /	02 / 2014
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		7.59
Marrero	LA	70072		D: ae94aed0-2473-4817-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	05646.06	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			12	02 / 2014
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		40.00
Walker	LA	70785		D: 3dd0b711-4674-49bb-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			47.59
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
-				

Schedule E)	THE EXILENS			PAGE 19 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				<b>G</b> 333300730
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Ryan Drake				12 02 7 2014
Mailing Address 29637 Park St			Amour	nt
City	State	Zip Code		15.00
Walker	LA	70785		action ID: 88cbf610-444a-4865-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	12
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Scott Smith				12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 405 Pennsylvania St			Amour	للنبا لنا ك
City New Roads	State LA	Zip Code 70760		7.50 ction ID : d1d88664-26a5-47c0-b
Purpose of Expenditure		Catagony		of Disbursement or Obligation
Salary		Category/ Type 001		12 02 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Of	t For: Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		· •	22.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
			_	
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / / 12	04
Signature		_ · · · · · · · · · · · ·		

Schedule E)	T EXI END	TIONEO		PAGE 20 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Scott Smith				
Mailing Address 405 Pennsylvania St			Amount	02 2014
City	State	Zip Code		18.00
New Roads	LA	70760		on ID : 288eca58-5b02-4611-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	505646.06	Disbursement Fo 2014 Other	r:
Full Name of Payee	_		Date of P	ublic Distribution/Dissemination
Francis Richardson			M 12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount	02 2014
City	State	Zip Code		50.00
Lafayette	LA	70503	Transaction Date of D	on ID : 25c38ff3-2373-4b8c-b visbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expenditure	es			68.00
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		04 2014
Signature				

Schedule E)	VI EXI END	TOTILO		PAGE 21 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Francis Richardson			Date of Publi	c Distribution/Dissemination
Mailing Address 220 Doucet Rd			12	02 2014
			Amount	
City	State	Zip Code		0.99
Lafayette	LA	70503		ID: 8921e773-57bf-4cd5-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1 M 12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	505646.06	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee	_		Date of Publi	ic Distribution/Dissemination
Warren Gravois			M M M 12	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 16005 7th St			Amount	32 .20,7
City	State	Zip Code		85.00
Pearlington	MS	39572		<b>D</b> : 31590e46-1e70-4585-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			85.99
			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	1 4 1 5
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
- 3				

Schedule E)	I EXI END	TOTILO		PAGE 22 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Warren Gravois			M 12	02 / 2014
Mailing Address 16005 7th St			Amount	
City	State	Zip Code		33.00
Pearlington	MS	39572		ID: 47766161-f1f6-457c-9 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	05646.06	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
ERIC TABARY			12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		45.00
METAIRIE	LA	70003		ID: f8c88b15-56e4-4e15-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			78.00
(I) OUDTOTAL (III II I				
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>)</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	45
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
- 3				

Schedule E)	INI EXI END	ITOTILO		PAGE 23 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
ERIC TABARY			M 12	02 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		4.50
METAIRIE	LA	70003		ID: 93615099-841f-4f13-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	505646.06	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Christopher Marquess			12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	02 2014
City	State	Zip Code		65.00
Ville Platte	LA	70586		ID : ab489178-e543-4c94-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			69.50
			-	4
(b) SUBTOTAL of Unitemized Independent Experi	nditures		· <b>&gt;</b>	4
(c) TOTAL Independent Expenditures			•	72 1 250
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
•				

Schedule E)	IN EXICIO	ITOTILO		PAGE 24 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Christopher Marquess			Date of Publ	ic Distribution/Dissemination
Mailing Address 110 W Pecan St			12 Amount	02 2014
			7	
City Ville Platte	State LA	Zip Code 70586		39.00 ID : d6f1c5ec-232b-4aac-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disb	ursement or Obligation  / 02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	505646.06	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Gregory Green			12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		D: b026bef3-b688-4544-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			119.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
,,			4	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
<b>3</b>				

Schedule E)	IN EXIEND	ITORES		PAGE 25 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			M 12	02 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		42.30
Shreveport	LA	71104		D: 07e8417f-cd9e-4445-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			M = M /	02 2014
Mailing Address 205 Medallion Circle			Amount	02 2014
City	State	Zip Code		80.00
Shreveport	LA	71119		D: 8b507f42-8dc9-4c1d-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures			122.30
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 / 04	2014
<b>3</b>				

Schedule E)	10Liti L			PAGE 26 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	ort New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Lilly Green			Date of Pub	blic Distribution/Dissemination
Mailing Address 205 Medallion Circle			12 Amount	02 2014
	04-4-	The Orde		57.00
City Shreveport	State LA	Zip Code 71119		57.90 n ID : 6ac86a66-96cc-4970-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dis	/ D D / Y Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	505646.06	Disbursement For: 2014 Other (	:
Full Name of Payee Sheri J Peace			M = M	blic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	02 2014
City	State	Zip Code		120.00
Keithville	LA	71047	Transaction Date of Dis	ID: 32b587aa-0e9d-4f5f-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures			177.90
(b) SUBTOTAL of Unitemized Independent E	Expenditures		. •	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 12 04	
Signature				

Schedule E)		10.120		PAGE 27 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 🔀 24-hour report 🔲 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Sheri J Peace			Date of Pi	
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		51.30
Keithville	LA	71047		on ID : e0bfaa59-de4a-4362-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	505646.06	Disbursement Fo	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Jessica R Resendiz			M = N	
Mailing Address 9685 Paula St			12	02 2014
Maining 1 tasion - 9000 Faula Ol			Amount	
City	State	Zip Code		80.00
Keithville	LA	71047		n ID : e2b2bb57-7335-4563-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement Fo	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	131.30
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature		_		

Schedule E)	TI EXI END	TOTILO	PA FO	GE 28 OF 44 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D
Full Name of Payee Jessica R Resendiz			M = M / C	stribution/Dissemination
Mailing Address 9685 Paula St			Amount	02 2014
City	State	Zin Codo		36.90
Keithville	LA	Zip Code 71047	Transaction ID: o	e339ca2e-b2fe-4ff8-b
Purpose of Expenditure Mileage		Category/ Type 002		02 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		05646.06	Disbursement For:  2014  Other (specify	Primary
Full Name of Payee Noah J Smith	_		M M / E	stribution/Dissemination
Mailing Address 41174 Bertville Rd			12 Amount	02 2014
City	State	Zip Code		30.00
Gonzales	LA	70737		4ed43fc-2cf3-4c61-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Noppose Noppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement For: 2014 Other (specification)	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>.</b>	66.90
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014

Schedule E)	VI EXI END	TOTILO		PAGE 29 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Ana L Esquivel			M M 12	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		100.00
Carthage	TX	75633		n ID: 088b9019-eb3a-4abe-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		05646.06	Disbursement For: 2014 Other (	Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Ana L Esquivel			12	02 / 2014
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		52.20
Carthage	TX	75633		ID: 16cc4fd5-2ee9-4fc9-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	res		. •	152.20
(b) CURTOTAL of Unitersized Index and art Function	lik,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	9- 1-29- 1-29-
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 04	
- 3				

	Y = Y = Y
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file	Y Y Y Y P
Check if X 24-hour report 48-hour report New report Amends report filed on	emination
Fall Name of Page	emination
Full Name of Payee Date of Public Distribution/Disse	
12 02	2014
Mailing Address 284 Cr 1401 Amount	
City State Zip Code	100.00
Carthage TX 75633 Transaction ID : 30c3b274-dcf8  Date of Disbursement or Obliga	8-427f-b
Purpose of Expenditure	2014
Name of Federal Candidate Support Office Sought: House Distri	ct: 00
Mc Mary Ll andrigu	te: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary 2014 □ Other (specify) ▶	<b>K</b> General
Full Name of Payee Taylor De Julian-Hernandez  Date of Public Distribution/Disse	YYYY
Mailing Address 284 Cr 1401  Amount	2014
City State Zip Code	45.00
Carthage TX 75633 Transaction ID : 8c873b09-c717 Date of Disbursement or Obliga	
Purpose of Expanditure	2014
Name of Federal Candidate Support Office Sought: House Distri	ict:00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary 2014 □ Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Expenditures	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	- FA
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12 04 2014	Y
Signature	

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OF

	cuite E)	FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVO	men Speak Out PAC	C C00530766
Check	if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Fu	Ill Name of Payee	Date of Public Distribution/Dissemination
	Hilary Townsend	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	ailing Address 4506 US Hwy 79 North	Amount
С	ity State Zip Code	80.00
-	Deberry TX 75639	Transaction ID : a5e97a05-c7e8-460e-b Date of Disbursement or Obligation
	urpose of Expenditure Salary  Category/ Type  001	12 02 7 2014
N	ame of Federal Candidate Support Office	Sought: House District: 00
M	1s. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary General
-	ull Name of Payee	Other (specify)
	Hilary Townsend	Date of Public Distribution/Dissemination
N	lailing Address 4506 US Hwy 79 North	Amount
С	ity State Zip Code	69.00
	Deberry TX 75639	Transaction ID: a68a8a11-f74a-4950-9 Date of Disbursement or Obligation
	urpose of Expenditure Mileage Category/ Type 002	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	As. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	149.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
with	der penalty of perjury I certify that the independent expenditures reported herein were not man, or at the request or suggestion of, any candidate or authorized committee or agent of either, ty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 12	2 04 2014
	Signature	

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OF

Schedule E)	INT EXILIND	TOTILO		PAGE 32 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Heather Ainsworth			Date of	Public Distribution/Dissemination
Mailing Address 9685 Paula St			1	
			Amount	
City	State	Zip Code		80.00
Keithville	LA	71047		ction ID: 4773550e-99a2-4449-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1:	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	5	505646.06	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Heather Ainsworth			M 1	2 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		31.20
Keithville	LA	71047		ion ID : d8eff809-73ee-4d94-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		· -	111.20
(b) SUBTOTAL of Uniternized Independent Exper	oditurae			
(b) SOBTOTAL OF CHILEMIZED INDEPENDENT EXPER	iditules		• -	45 45
(c) TOTAL Independent Expenditures			·	4 4 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or it	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		04 2014
Signataro				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filled	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Julia Perry	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2046 Perrin St Apt C	Amount
	City State Zip Code	60.00
	Shreveport LA 71101	Transaction ID : 5984eadf-0d7e-4a3e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	12 02 7 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Julia Perry	Date of Public Distribution/Dissemination
	Mailing Address 2046 Perrin St Apt C	Amount
1	City State Zip Code	6.90
	Shreveport LA 71101	Transaction ID: 44784397-4b23-49bd-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	12
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	66.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	1 7 1 7 1 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Sc	hedule E)	.,,			PAGE 34 OF 44 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if X 24-hour report 48-hour report X New	v rep	oort Amends repor	rt filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			Da	-tf Dublic Distribution/Discomination
	Hannah J Landry			Da	ate of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge			Am	mount
ŀ	City State		Zip Code		105.00
	Gonzales LA		70737		ransaction ID : c141e11a-5821-4245-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		12 / 02 / 2014
ı	Name of Federal Candidate		Support	Office Sou	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose		esident State: LA
	Calendar Year-To-Date Per Election for Office Sought	5	505646.06	Disbursen 2014	ment For:  Primary
Ī	Full Name of Payee			Da	ate of Public Distribution/Dissemination
1	Hannah J Landry				M M / D D / Y Y Y Y
ŀ	Mailing Address 1110 N Coolidge				12 02 2014
	TITO N Cooliage			An	mount
	City State		Zip Code		22.26
	Gonzales LA		70737	<b>Tra</b> i Da	ansaction ID : 37fdde71-69d5-4003-b ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	]	12 02 2014
ľ	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		Oppose		esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	-1	505646.06	Disbursen 2014	ment For:
(	(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	127.26
(	(b) SUBTOTAL of Unitemized Independent Expenditures			• [	
(	(c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or authoparty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Elec	ectron	nically Filed] Date	12	04 2014
	Signature		_		

Schedule E)	1 <b>-</b> /// -//-			PAGE 35 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee			Date of P	dublic Distribution/Dissemination
Mary C Lee			M 12	02 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		105.00
Gonzales	LA	70737		ion ID: 84a79cbc-461d-4adb-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	/ / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	505646.06	Disbursement Fo	or: Primary X General  r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Mary C Lee			12	
Mailing Address 1030 N Coolidge Ave			Amount	
City Gonzales	State LA	Zip Code 70737	Transaction	22.26 on ID : f3f89793-4f5b-4987-b
Purpose of Expenditure		Category/	M = 1	
Mileage		Type 002	12	02 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	)S		•	127.26
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	TI EXI END	TOTILO		PAGE 36 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Brogan A Benoit			M 12	02 / 2014
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		60.00
Addis	LA	70710		D: 33a7ee29-aebd-4d0c-bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	05646.06	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Brogan A Benoit			12	02 / 2014
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		8.70
Addis	LA	70710		D: 6d922aff-336b-445d-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12 n	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			68.70
(b) CURTOTAL of Unitersized Independent Funeral			111	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 04	2014
<b>∂</b>				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATIO	N NUMBER ▼
۷۱	Vomen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D D /	Y I Y I Y I Y
	Full Name of Payee	Date of	of Pub	olic Distribution/l	Dissemination
	Jennifer F Gilbert	IM	12 <sup>M</sup>	02	2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amou	nt		
	City State Zip Code				65.00
	Carriere MS 39426			n ID : b1c9a5f7- bursement or O	
	Purpose of Expenditure Salary  Category/ Type 001	M	12 <sup>M</sup>	02	2014
	Name of Federal Candidate Support Office	Sough	t:	House I	District:00
	Ms. Mary L Landrieu	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsemen		Primary specify) ▶	X General
	Full Name of Days				D: : ::
	Full Name of Payee  Jennifer F Gilbert	Date		olic Distribution/	Dissemination 2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amou		02	2014
	City State Zip Code	Т.			36.60
	Carriere MS 39426			ID: d152486e- bursement or C	
	Purpose of Expenditure Mileage  Category/ Type  002		12 <sup>M</sup>	02	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify)	X General
	(a) SUBTOTAL of Itemized Independent Expenditures			7	101.60
	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures	Ε.		7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	<sup>M</sup> /	04	D / Y Y 201	Y
	Signature				

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
$\Box$	Full Name of Payee	Date of Public Distribution/Dissemination
	Evelyn Lesaicherre	12 02 / 2014
	Mailing Address 629 Radiance Ave	Amount
	City State Zip Code	80.00
	Metairie LA 70001	Transaction ID : 56cab77c-812b-4c6c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	12
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	Other (specify)
ŀ	Full Name of Payee	Other (specify) ▶  Date of Public Distribution/Dissemination
	Evelyn Lesaicherre	Date of Public Distribution/Dissemination  12 02 2014
	Mailing Address 629 Radiance Ave	Amount 02 2014
	City State Zip Code	5.40
	Metairie LA 70001	Transaction ID : 427ed124-c311-4846-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  O02	12
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	85.40
,	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	12 04 2014
	Signature	

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OF

				FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)	FE	EC ID	DENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC			C00530766	
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M	M /	D D /	Y = Y = Y
	ull Name of Payee	Date of	Public	c Distribution/	Dissemination
	Felicia A Jones	M 12		02	2014
M	failing Address 4106 Martha St	Amount			
C	Sity State Zip Code				90.00
	Shreveport LA 71109			ID: 1494cd45	i-640a-4b34-a Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M 12	M /	02	2014
Ν	lame of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Mary L Landrieu Oppose	President	>	X Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement F		Primary	X General
	Full Name of Payee Felicia A Jones  Mailing Address 4106 Martha St		Public		Dissemination 2014
	City State Zip Code				11.40
-				<b>D</b> : <b>c262e58c</b> -ursement or <b>C</b>	9e6f-4c1b-b
	Purpose of Expenditure Mileage  Category/ Type  002	12	M /	02	2014
١	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Mary L Landrieu Oppose	President	<u> </u>	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014			Primary Decify) ►	∑ General
(a)	SUBTOTAL of Itemized Independent Expenditures		7	7	101.40
(b)	SUBTOTAL of Unitemized Independent Expenditures		7		
(c)	TOTAL Independent Expenditures		-7-	1 1 4	-
wit	der penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date Signature	2 <sup>M</sup> / C	04	201	
	orginature				

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OF

Schedule E)	INT EXI END	ITOTILO		PAGE 40 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Carl Brent			M 12	
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code	— II	80.00
New Orleans	LA	70126		ion ID : 9d720533-314c-4744-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement F 2014 Othe	or:		
Full Name of Payee			Date of I	Public Distribution/Dissemination
Carl Brent			M 12	
Mailing Address 6718 Lake Willow Dr			Amount	. 02 2014
City	State	Zip Code		18.00
New Orleans	LA	70126		on ID: 422b8a2d-daf0-495a-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			98.00
(·)				7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	04 2014
•				

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	С	C00530766
Chec	ck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
	Full Name of Payee Billy Martin	Date of Pub	olic Distribution/Dissemination
	, and the second	12	02 2014
1	Mailing Address 250 Js Brewton RD	Amount	
(	City State Zip Code		60.00
	Goldonna LA 71031		n ID : 467014a5-004d-42f4-a bursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	12	02 / 2014
1	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:	Primary
ľ	Full Name of Payee Billy Martin	Date of Pub	blic Distribution/Dissemination
	Mailing Address 250 Js Brewton RD	12 Amount	02 2014
	City State Zip Code		5.40
	Goldonna LA 71031		ID: 7e2a3e7b-240c-4572-8 bursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	12	02 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014		Primary General
(a	a) SUBTOTAL of Itemized Independent Expenditures		65.40
(b	o) SUBTOTAL of Unitemized Independent Expenditures		7
(c	e) TOTAL Independent Expenditures		7 1 7 1 7
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date		2014
	Signature		

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OF

Schedule E)	II EXI END	TOTILO		PAGE 42 OF 44 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC		C C00530766				
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of	f Public Distribution/Dissemination		
Gage Blank				12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 5342 Eudora Dr			Amoun	t		
City	State	Zip Code		40.00		
Addis	LA	70710		ction ID : 061fa384-1bdc-48ef-b f Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		12  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	: House District:00		
Ms. Mary L Landrieu		X Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	Disbursement 2014 Ott	For: Primary X General		
Full Name of Payee			Date o	f Public Distribution/Dissemination		
Gage Blank				12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 5342 Eudora Dr			Amoun	nt		
City	State	Zip Code		7.50		
Addis	LA	70710		ction ID : 7ec2f577-0111-4e1b-a f Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		12 01 Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought	: House District: 00		
Ms. Mary L Landrieu		X Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement 2014 Ot	For: Primary X General her (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditur	es			47.50		
			· -	7 7 7		
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	4		
(c) TOTAL Independent Expenditures			•	7 7 7		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12	04 / 2014		
- 9						

Schedule E)	<b>L</b> /(: L(:).	101.20		PAGE 43 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766		
				0 00000700
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Cathy Longtin			[	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amou	unt
City	State	Zip Code		80.00
New Orleans	New Orleans LA 70124 Transaction			saction ID : dae61d7c-79ee-489a-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	505646.06	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Cathy Longtin				M M / D D / Y Y Y Y Y Y 12 01 2014
Mailing Address 827 Navavre Ave			Amou	
<b>l</b> '	State	Zip Code	Trans	14.40
New Orleans	LA	70124		action ID : 3213bc15-697f-4a8e-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	12 / 01 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014	ont For:
-				
(a) SUBTOTAL of Itemized Independent Expenditures			· •	94.40
(b) SUBTOTAL of Unitemized Independent Expenditure	∋s		·· •	
(c) TOTAL Independent Expenditures			_	
(C) TOTAL IIIdependent Expenditures			·· •	77 77 77
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12	04 2014
Signature				

Sched	lule E)	1 E/N E.1.5.	1101120			PAGE 44 OF 44 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wom	Women Speak Out PAC					C00530766
					C	500350700
Check if	f 🔀 24-hour report 🔲 48-hour report	New repo	ort Amends re	port filed on	M = M /	D = D / Y = Y = Y = Y
	Name of Payee			С	ate of Public	Distribution/Dissemination
	rogan A Benoit				12	01 / 2014
Maii	ing Address 7144 South River Rd			А	mount	
City		State	Zip Code			50.00
Add		LA	70710			D: a6890b40-5400-4ccd-9 rsement or Obligation
Purp Sal	pose of Expenditure ary		Category/ Type 00	-	12	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office S	ought:	House District: 00
Ms.	Mary L Landrieu		X Oppose		resident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505040.00				Primary
	Name of Payee					Distribution/Dissemination
Br	ogan A Benoit				12 /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 7144 South River Rd					23.1
				<i>P</i>	Amount	
City		State	Zip Code			13.80
Ad		LA	70710			: 30d55e53-1b52-4c49-a rsement or Obligation
	pose of Expenditure eage		Category/ Type 00	2	12	01 / 2014
	ne of Federal Candidate		Support	Office S	ought:	House District: 00
Ms	Mary L Landrieu		X Oppose	P	resident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	505646.06	Disburse 2014	ement For: Other (spe	Primary
(a) S	SUBTOTAL of Itemized Independent Expenditure	)S		····· <b>&gt;</b>		63.80
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures		····· •	1 1 4	4
(c) T	OTAL Independent Expenditures			····· • [		3687.10
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ite or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	ate 12	/ DID 04	/ Y Y Y Y Y Y Y 2014
Si	gnature		_			